ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	A.H	1219?	4/2/00
O.I.P.E. CLASSIFIER			7-7-00
FORMALITY REVIEW	MC	71470	3/28/00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✔ .... Rejected
= .... Allowed
— (Through numeral)... Canceled
÷ .... Restricted

N .... Non-elected
I .... Interference
A .... Appeal
O .... Objected

Claim Final	Original	10-10-?	2/3/0	4/2/0					
	1	✔	✔	✔					
	2	/	✔	✔					
	3	/	✔	✔					
	4	/	✔	✔					
	5	✔	✔	✔					
	6	✔	✔	✔					
	7	✔	✔	✔					
	8	✔	✔	✔					
	9	✔	✔	✔					
	10		/	✔					
	11	/	✔	✔					
	12	/	✔	✔					
	13	/	✔	✔					
	14	/	✔	✔					
	15	/	✔	✔					
	16	✔	✔	✔					
	17	✔	✔						
	18	/	✔	✔					
	19	/	✔	✔					
	20	/	✔	✔					
	21	/	✔	✔					
	22	/	✔	✔					
	23	/	✔	✔					
	24	/	/	✔					
	25	/	✔	✔					
	26	/	✔	/					
	27	✔	/	✔					
	28		✔	✔					
	29								
	30								

(claims 31–50 blank)
(claims 51–100 blank)
(claims 101–150 blank)

If more than 150 claims or 10 actions
staple additional sheet here

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